

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

OCT 22 2013

Bayfield Co. Zoning Dept.

Permit #:	13-0409
Date:	11-18-13
Amount Paid:	\$2010.83-13 P.L.
Refund:	\$14410-30-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:	Thomas & Jan Ruftledt	Mailing Address:	19375 130 th St	City/State/Zip:	Bloomer, WI 54724	Telephone:	715 548-3575
Address of Property:	45918 S. Lake Owen Dr.	City/State/Zip:	Cable, WI 54821	Contractor Phone:	715-933-0028	Plumber:	Joel Res Musson 715-798-3355
Contractor:	Set Northern Builders	Agent Phone:		Agent Mailing Address (include City/State/Zip):		Plumber Phone:	715-798-3355
Authorized Agent: (Person Signing Application on behalf of Owner(s))						Written Authorization Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	04-012-2-43-07-03-205-004-0800	Recorded Document: (i.e. Property Ownership)	8000 Volume	Page(s)	
	1/4, 1/4	Gov't Lot	2	CSM	583	Vol & Page	4,19
		Lot(s)	2	CSM	583	Vol & Page	4,19
		Lot(s) No.		Block(s) No.		Subdivision:	
Section	3, Township	43 N. Range	7 W	Town of:	Cable	Lot Size,	156 x 480' Acreage 1.55

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> Distance Structure is from Shoreline: feet	<input checked="" type="checkbox"/> Is Property in Floodplain Zone?	<input checked="" type="checkbox"/> Are Wetlands Present?
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	<input type="checkbox"/> Distance Structure is from Shoreline: feet	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	\$ 48,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
		<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
		<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
		<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Gravity</u>	<input type="checkbox"/>
		<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
		<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 40'	Width: 23'	Height: 16'
Proposed Construction:	Length: 40'	Width: 23'	Height: 16'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with a Porch	()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	with (2 nd) Deck	()	
	<input checked="" type="checkbox"/>	with Attached Garage	(15 x 23)	345
	<input checked="" type="checkbox"/>	Bunkhouse w/ (X) sanitary, or (X) sleeping quarters, or () cooking & food prep facilities	(25 x 29)	575
	<input type="checkbox"/>	Mobile Home (manufactured date)	(8' x 10')	80
	<input type="checkbox"/>	Addition/Alteration (specify)	()	
	<input type="checkbox"/>	Accessory Building (specify)	()	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	blldg outside	24' x 40' 900 sq ft
NOV 18 2013	<input type="checkbox"/>	Conditional Use: (explain)	divisions	
Secretarial Staff	<input type="checkbox"/>	Other: (explain)	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): ☒ Thomas & Jan Ruftledt Date 10/14/13
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

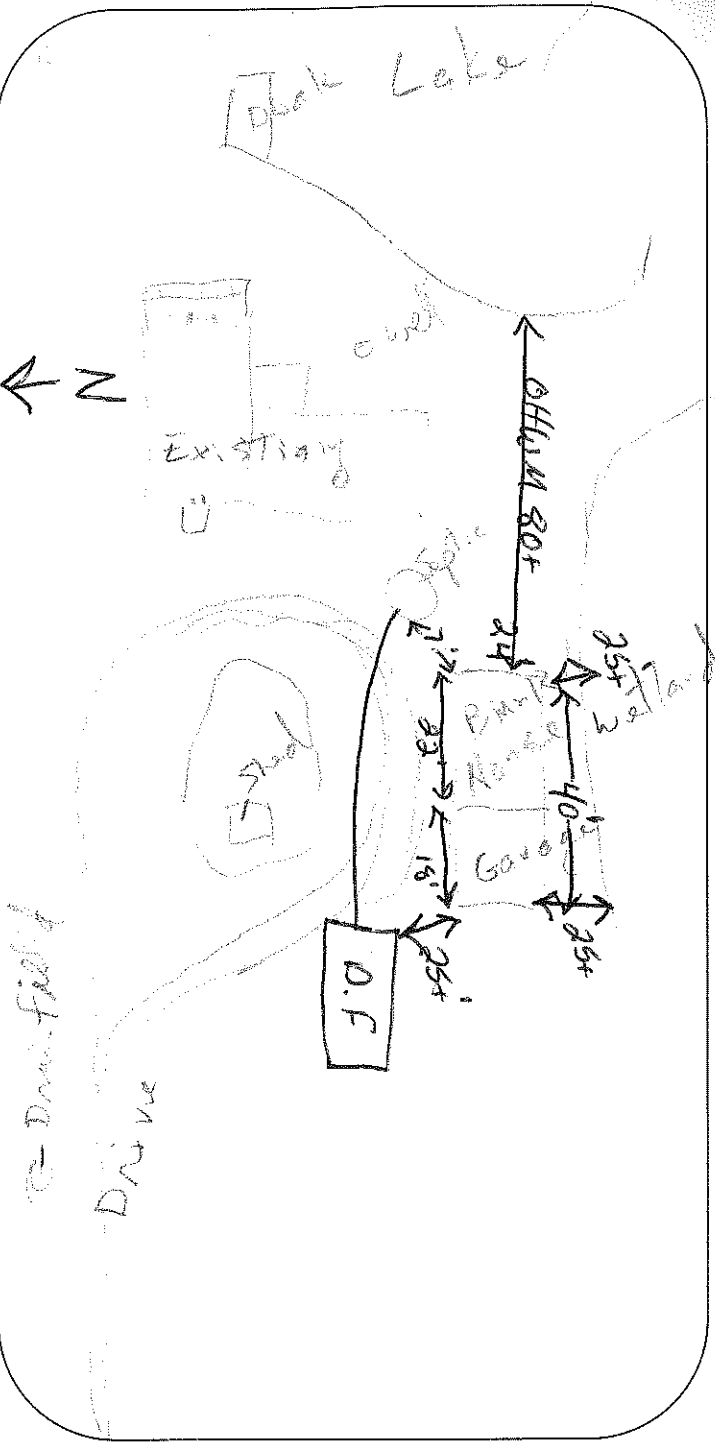
Address to send permit Same as above Attach _____
Copy of Tax Statement ✓

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- | | Proposed Construction |
|---------------------------|--|
| (1) Show location of: | North (N) on Plot Plan |
| (2) Show / Indicate: | (*) <u>Driveway</u> and (*) <u>Frontage Road</u> (Name Frontage Road) |
| (3) Show location of (*): | All Existing Structures on your Property |
| (4) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (6) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |
| (7) Show any (*): | |



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road		Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	1000 Feet	Setback from the River, Stream, Creek	85 Feet
	500 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	80 Feet		N/A Feet
Setback from the South Lot Line	42 Feet	Setback from Wetland	25 Feet
Setback from the West Lot Line	230 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	85 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	7'1"	Setback to Well	
Setback to Drain Field	35'1"		35 Feet
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0409	Permit Date: 11-18-13			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Affidavit Required Affidavit Attached
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: Well sited. Metal stacks.	Zoning District (RRB) Lakes Classification (A)	Date of Inspection: 11-14-13	Inspected by: M. Fritzel	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Enclosed living area of bunkhouse may not exceed 300 sq. ft.				
No kitchen appliances or food preparation facilities.				
Signature of Inspector: Michael Stutzel	Date of Approval: 11-18-13			
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____

©©January 2012

Sanitary 2003 / 1000 Ltr 1993

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54981
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

OCT 31 2013

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

13-0410

Date:

11-18-13

Amount Paid:

\$165

Refund:

11-1-13

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Glen Harvey Mailing Address: 1995 Leonard School Rd, Cable, WI 54821 City/State/Zip: 798-4463 Telephone: 715

Address of Property: Some City/State/Zip: 798-4463 Cell Phone: 798-4463

Contractor: Self Contractor Phone: Plumber: Plumber Phone: Plumber:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: NE 1/4, NE 1/4 Legal Description: (Use Tax Statement) 04-0123-43-08-35-161-000-02000 PIN: (23 digits) -04000 Recorded Document: (i.e. Property Ownership) 541 Volume 227 Page(s)

Section 35, Township 43 N, Range 8 W Town of: Cable Lot Size 2.55 Acreage

☐ Shoreland → ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ Distance Structure is from Shoreline: feet ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ Distance Structure is from Shoreline: feet ☐ Non-Shoreland ☐ Is Property in Floodplain Zone? ☐ Yes ☒ No ☐ Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>1,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/City <input type="checkbox"/> City	<input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary Specify Type: <u>Sanitary (Exists) Specify Type: <u>Comu</u></u>	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> <u>3</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> <u>3</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>X</u>)	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>X</u>)	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with Loft	(<u>X</u>)	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	(<u>X</u>)	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with (2 nd) Deck	(<u>X</u>)	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	(<u>X</u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>X</u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date)	(<u>X</u>)	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>deck, hardwood access ramp</u>	(<u>3' X 25'</u>)	<u>75</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building (specify) <u>deck</u>	(<u>6' X 6'</u>)	<u>36</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(<u>X</u>)	
Rec'd for Issuance	Special Use: (explain)	(<u>X</u>)	
NOV 18 2013	Conditional Use: (explain)	(<u>X</u>)	
Secretarial Staff	Other: (explain)	(<u>X</u>)	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Glen & Harvey Date 10-31-13
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date Attach

Address to send permit 1995 Leonard School Rd, Cable, WI Copy of Tax Statement ✓
54821 If you recently purchased the property send your Recorded Deed

(1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (* Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road		Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	N/A	Setback from the River, Stream, Creek	N/A
		Setback from the Bank or Bluff	N/A
Setback from the North Lot Line	73		
Setback from the South Lot Line	250+	Setback from Wetland	N/A
Setback from the West Lot Line	280+	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	159	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	3'	Setback to Well	60
Setback to Drain Field	10'		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwellings, All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

© January 2012

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

10-02-08 2013

Bayfield Co. Zoning Dept.

Permit #:

13-0413

Date:

11-20-13

ENTERED

\$1175

Refund:

10-8-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Henry & Lisa Harmer

Mailing Address:

#1007

City/State/Zip:

Telephone: 715 Harmer

Address of Property: David & Jeannette Baker

City/State/Zip: Des Moines, IA 50331

Cell Phone: 747-5785

44680 W Cable Lake Rd

Cable, WI 54821

Plumber Phone:

Contractor: Mark R. Rasmussen

Contractor Phone: 715-798-3657

Plumber: 44660 Cable Sunset Hl Cable, WI 54821

Plumber Phone:

Authorized Agent: (Person signing Application on behalf of Owner(s))

Agent Phone: 44660 Cable Sunset Hl Cable, WI 54821

Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION

Legal Description: (Use Tax Statement) PIN: (23 digits) 04-012-243-08-12-105-026-41000

Recorded Document: (i.e. Property Ownership) Volume 1023 Page(s) 985

1/4, 1/4

Gov't Lot

6

Lot(s)

2

CSM

1798

Vol & Page

10, 312

Lot(s) No.

Block(s) No.

Subdivision:

Section 12, Township 43 N, Range 8 W

Town of:

Cable

Lot Size

Acres

8.0

☒ Shoreland ☐ Non-Shoreland

Distance Structure is from Shoreline: ☐ Is Property in Floodplain Zone? ☒ Yes ☐ No

Distance Structure is from Shoreline: ☐ Yes ☒ No

☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes--continue -->

Distance Structure is from Shoreline: ☐ Yes ☒ No

Distance Structure is from Shoreline: ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
117,300 \$15,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Comu</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2") Porch	() X ()	
	with a Deck	() X ()	
	with (2") Deck	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance	<input checked="" type="checkbox"/> Special Use: (explain) <u>Shoreland Grading / Driveway</u>	(15' x 950')	14,250
NOV 20 2013	<input type="checkbox"/> Conditional Use: (explain)	() X ()	
Secretarial Staff	Other: (explain)	() X ()	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Henry & Lisa Harmer, David & Jeannette Baker (515-279-3162) (715-747-5785)

Date: Oct 7, 2013

Authorized Agent: Mark R. Rasmussen

Date: 10/7/13

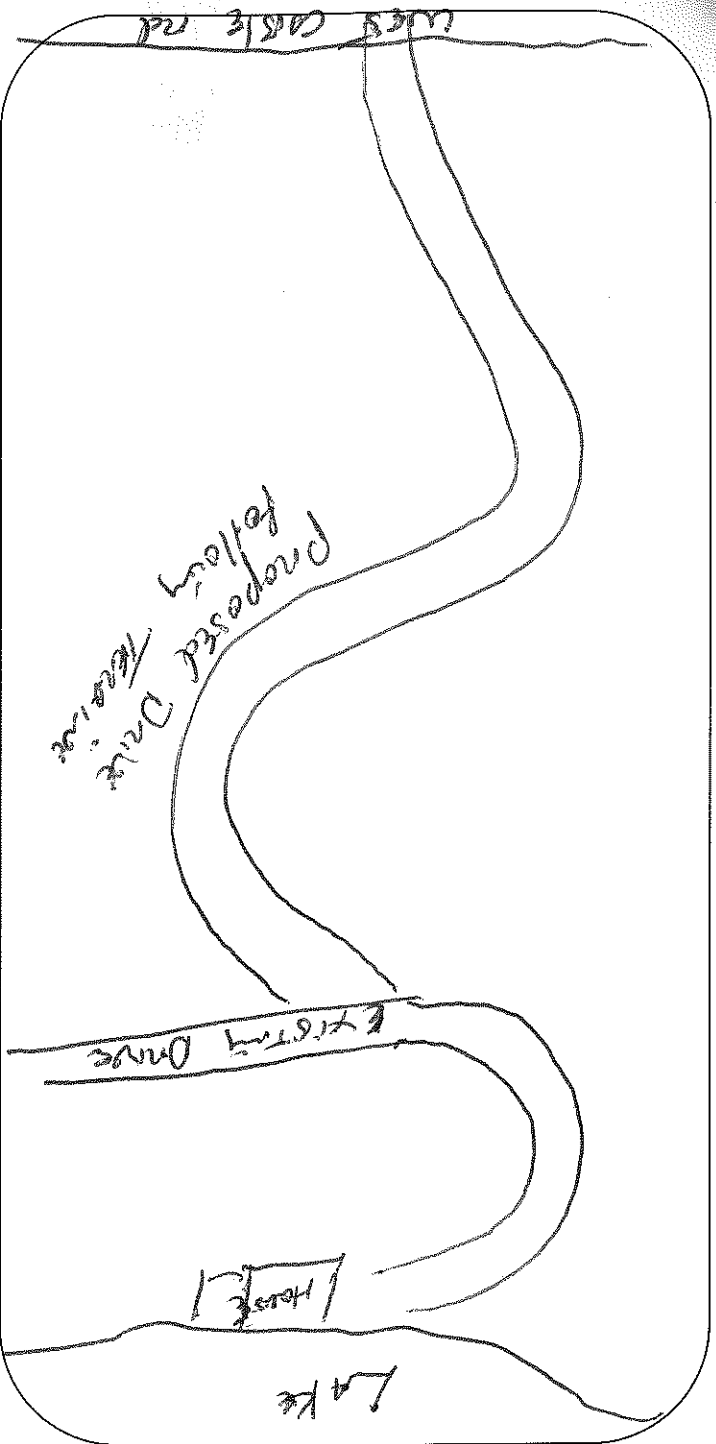
Address to send permit: 44660 Cable Sunset Hl Cable, Wisconsin 54821

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement ☒ Attach

Draw or Sketch your Property, regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on Your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	N/A Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the West Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	N/A Feet		
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>13-0413</u>		Permit Date: <u>11-20-13</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District (R-1) Lakes Classification (2)			
Date of Inspection: <u>10-10-13</u>		Inspected by: <u>M. Furtada</u>		Date of Re-Inspection:	
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
Must use best management practices to prevent erosion and on sitation of lake or wetlands.					
Signature of Inspector: <u>Michael Furtada</u>					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input checked="" type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	
				Date of Approval: <u>10-10-13</u>	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
SEP 30 2013
Bayfield Co. Zoning Dept.

ENTERED #	13-0415
Date	11-00-13
Amount Paid:	\$175
Refund:	9-30-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: GREGORY G. ROY DEBRA A. ROY	Mailing Address: 5522 JAGUAR CT. Cable, WI 54821	City/State/Zip: WHITE BEAR LAKE, MN 55110	Telephone: 651-429-8372
Address of Property: 12930 WALD EXTENSION		City/State/Zip: CABLE, WI	Cell Phone: 763-257-4586
Contractor: N/A	Contractor Phone: N/A	Plumber: N/A	Plumber Phone: N/A
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A		Agent Phone: N/A	Agent Mailing Address (include City/State/Zip): N/A
PROJECT LOCATION: NE 1/4, NE 1/4	Gov't Lot: —	Lot(s): —	Vol & Page: —
Legal Description: (Use Tax Statement)	PLN: (23 digits) 04-012-2-43-08-12-4-00-251-9000	Lot(s) No. 9	Block(s) No. —
Section 12, Township 43 N, Range 8 W	Town of: CABLE	Subdivision: PINE HAVEN RETREAT	Recorded Document: (i.e. Property Ownership) 542
Distance Structure is from Shoreline: — feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Distance Structure is from Shoreline: 210 feet		Page(s) 350	

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: — feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ —	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <input type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> NONE
<input checked="" type="checkbox"/> CLASS A RV EXT <input checked="" type="checkbox"/> RV PARK HOME						

Existing Structure: (if permit being applied for is relevant to it)	Length: —	Width: —	Height: —
Proposed Construction:	Length: —	Width: —	Height: —

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date) 1988	(8 X 36)	288
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) —	() X ()	
	<input type="checkbox"/> Accessory Building (specify) —	() X ()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) —	() X ()	
Rec'd for Insurance	Special Use: (explain) —	() X ()	
	Conditional Use: (explain) —	() X ()	
NOV 20 2013	Other: (explain) —	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
Severely damaged application (including any accompanying information) has been examined by me (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Gregory G. Roy / Debra A. Roy
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: N/A Date 9/24/13

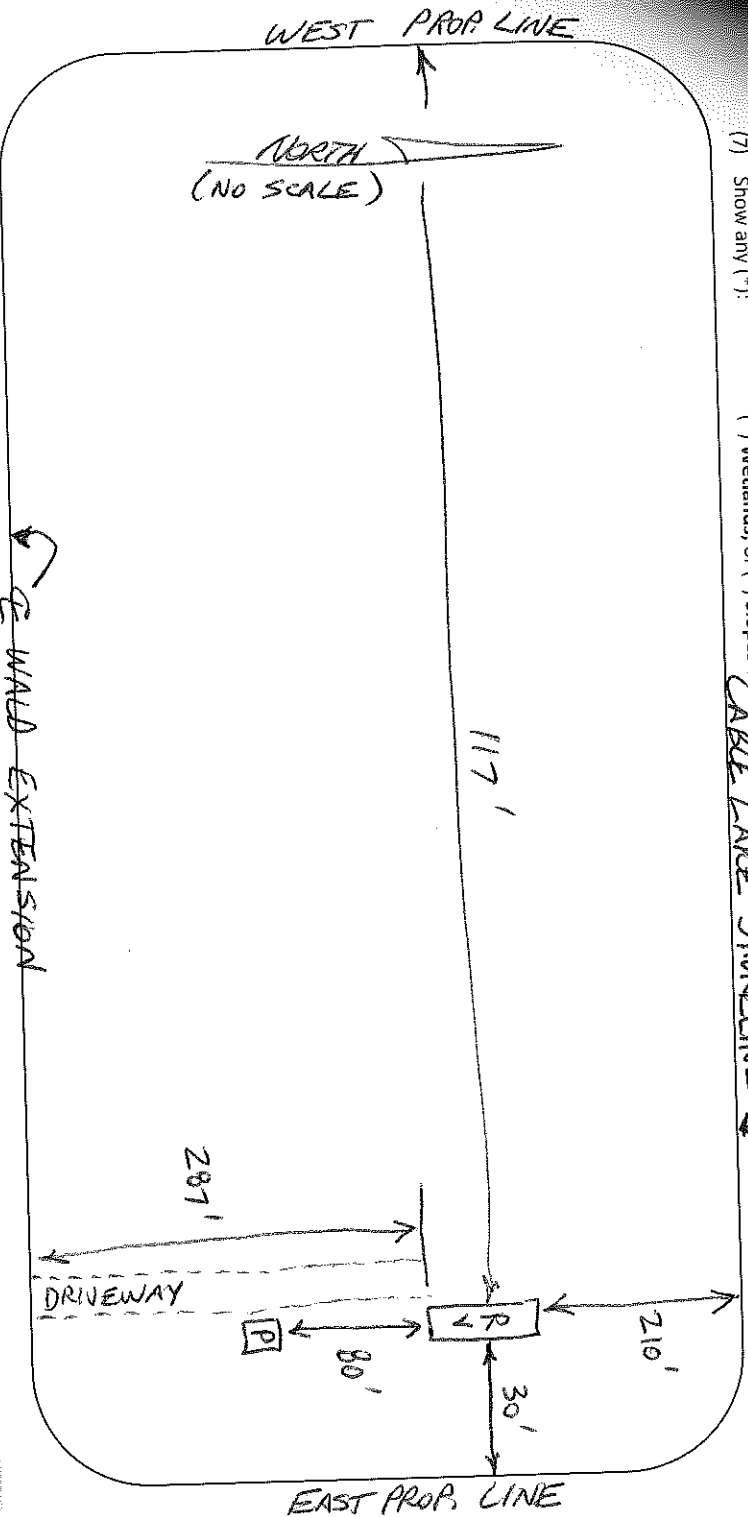
Address to send permit 5522 JAGUAR CT. WHITE BEAR LAKE, MN 55110

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach ☒ Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of:
North (N) on Plot Plan
- (2) Show / Indicate:
North (N) on Plot Plan
- (3) Show Location of (*):
All Existing Structures on your Property
- (4) Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show any (*):
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*):
(*) Wetlands; or (*) Slopes over 20% CABLE LAKE SHORELINE
- (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	287 Feet	Setback from the Lake (ordinary high-water mark)	210 Feet
Setback from the Established Right-of-Way	257 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	210 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	257 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	117 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	30 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	80 Feet	Setback to Well	NONE Feet
Setback to Drain Field	NONE Feet		
Setback to Privy (Portable, Composting)	80 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Privy

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0415		Permit Date: 11-20-13		
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes (Speed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Affidavit Required		
MMA and setbacks.		Affidavit Attached		
Date of Inspection: 10-3-13		Inspected by: M. F. F. F.		
Condition(s) Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)		
Signature of Inspector: TBA		Date of Approval: 10-9-13		
Hold For Sanitary: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		
Hold For TBA: <input checked="" type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		